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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Commarign for Change ADDRESS (number and street) Check if different than previously reported. (ACC) Quincy CITY STATE ZIP CODE							Office Use Only				
ADDRESS (number and street) Check if different than previously reported. (ACC) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C 000441501 3. IS THIS REPORT (N) OR X (AMENDED (ACC) (IN) OR X (ACC) (IN) OR X (AMENDED (ACC) (IN) OR X (ACC)	1.		TYPE	E OR PRINT ▼			ng, type	12FE4	M5		
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PRE-Election on Report (YE) State	ř	Check if different									
A. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (Non-election Report (Non-election Year Only) (MY) Termination Report Termination Report (d) 30-Day POST-Election Report for the: Election on Elect			Q	uincy				MA	02169		
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Conly) Year Only) (MY) Termination Report (TER) Covering Period April 15 Quarterly Report (Q2) Quarterly Report (Q3) Lanuary 31 Year-End Report (YE) Live Only (MY) Report Convertion (12C) Report for the: Election on Report for the: Report	2.	FEC IDENTIFICATIO	N NUMBE	ER ▼	CITY 🛦		5	STATE 🛦		ZIP COD	DE 🛦
(Choose One) (Report Peb 20 (Miz) Mary 20 (Mis) Aug 20 (Mis) Mary 20		C C00441501						×			
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Termination Report (TER) Election on Election on Election on Election on In the State of State of Towns R. Kiley Electronically Filed Date Thomas R. Kiley [Electronically Filed] NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.				POST-E		General (300	a)	Runo	ff (30R)		Special (30S)
5. Covering Period 04 01 2012 through 06 30 2012 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Thomas R. Kiley Signature of Treasurer Thomas R. Kiley [Electronically Filed] Date 11 19 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.				Пероп		M = M /	D = D /	Y Y Y	Y		
Type or Print Name of Treasurer Thomas R. Kiley Signature of Treasurer Thomas R. Kiley [Electronically Filed] Date 11 19 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.	5.	Covering Period				through					
Signature of Treasurer Thomas R. Kiley [Electronically Filed] Date 11 19 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.	l ce	ertify that I have examin	ed this Re	port and to the	e best of my kno	wledge and b	pelief it is tru	e, correct	and complet	e.	
Signature of Treasurer Thomas R. Kiley [Electronically Filed] Date 11 19 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.	Тур	e or Print Name of Tre	asurer <u>T</u>	nomas R. Kiley							
Office and the second s	Sig	nature of Treasurer	Thomas R.	Kiley		[Electronically	Filed] D			D /	
Office FORM OV	NO [.]	TE: Submission of false,	erroneous,	or incomplete i	nformation may su	bject the pers	son signing th	is Report t	o the penaltie	es of 2 U	.S.C. §437g.
Use Only Rev. 12/2004											